



State of California  
**California Gambling Control Commission**  
2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231  
(916) 263-0700; Fax (916) 263-0452  
[www.cgcc.ca.gov](http://www.cgcc.ca.gov)  
CGCC-030 (Rev.09/06)

Commission Use Only

Cashiering # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

## APPLICATION FOR STATE GAMBLING LICENSE GAMBLING ESTABLISHMENT, OWNER, AND TRUST

Pursuant to the Business and Professions Code sections 19851 and 19852 of the Gambling Control Act, all gambling establishments and every person who has a financial interest in a gambling establishment must be licensed by the California Gambling Control Commission prior to conducting business, exercising any influence or control over the operation of a gambling establishment, or receiving profits from a gambling enterprise.

You must provide truthful information in all your responses in this application. All answers to questions in this application and all supplemental documentation provided by you will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type or print legibly in ink all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion. Please check only one box, indicating if you are applying for an initial or renewal license.

**Mail your completed application and required fees/deposits (listed below) to the California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.**

☐ **INITIAL** (Attach a completed Supplemental Background Investigation Information form as specified in Section 1.)

**Application Fee:** \$500 Non-refundable (Owner-Individual, Owner-Business, and Trust)

**Background Deposit:** Owner-Individual and Owner-Business: \$5,000  
Trust, Trustee, and Trustor: \$900  
Community Property Spouse: \$750  
*Unused portion of background deposit will be refunded.*

☐ **RENEWAL**

**Application Fee:** \$500 Non-refundable (Owner-Individual, Owner-Business, and Trust)

**Background Deposit:** Gambling Establishment: \$600  
Other applicants may be responsible for background deposits upon notification from the Division of Gambling Control.  
*Unused portion of the background deposit will be refunded.*

### SECTION 1- TYPE OF APPLICATION (check one box)

☐ **Gambling Establishment**

INITIAL APPLICATION ONLY:

**Complete all sections except section 5.**

Please submit a completed Gambling Establishment Supplemental Background Investigation Information form (DGC-APP 015C).

☐ **Owner-Individual**

*persons with individual partnership or corporate interest, Other*

INITIAL APPLICATION ONLY:

**Complete all sections except section 2b.**

*Sole Proprietor, Shareholder, Member, Officer, Director, Trustor, Trustee, Beneficiary, and*

Please submit a completed Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information form (DGC-APP 015A).

☐ **Owner-Business**

INITIAL APPLICATION ONLY:

**Complete all sections except sections 2b.**

*Corporation, Partnership, LLC, Joint Venture, Other*

Please submit a completed Gambling Establishment Owner Applicant - Business Supplemental Background Investigation Information form (DGC-APP 015B).

☐ **Trust**

INITIAL APPLICATION ONLY:

**Complete all sections except section 2b.**

Please submit a completed Trust Supplemental Background Investigation Information form (DGC-APP 143).

**SECTION 2a - GAMBLING ESTABLISHMENT INFORMATION**

Name of Gambling Establishment

Address

City

State

Zip

Mailing Address (if different)

Phone

Fax

**SECTION 2b - GAMBLING ACTIVITIES/REVENUE**

Please list the games offered at this establishment, and the annual gross revenue attributed to each game.  
*If additional space is needed, please attach a separate sheet of paper.*

**Poker Style Games****Revenue**

1)

2)

3)

4)

**California Style Games****Revenue**

1)

2)

3)

4)

**Other Games****Revenue**

1)

2)

3)

**Tournament (Name)****Revenue (Entry Fee)**

1)

2)

**Total Annual Interest Received from the Issuance of Credit:** \$**Number of Tables Licensed:****SECTION 3 - ORGANIZATION STRUCTURE (check all that apply)**

Please check each type of business included in your current organization, including any trusts that may be involved.  
Attach on a separate sheet, a current organization chart showing all businesses affiliated with the organization.

- ☐ Limited Liability Company  
☐ Limited Partnership  
☐ Partnership & Joint Venture  
☐ Sole Proprietorship

- ☐ Corporation  
☐ Public  
☐ Private  
☐ Sub - S  
☐ C

- ☐ Trust  
☐ Revocable  
☐ Irrevocable

Trust Name: \_\_\_\_\_

**SECTION 4 – OWNERSHIP STRUCTURE**

Please provide the following detailed information for each business within the organization (as referenced in Section 3).  
If more than one business, provide the below information on a separate sheet of paper for each business.

Business Name				
Address		City	State	Zip
Phone		Fax		
For officers, directors, and managers that have no ownership, enter 0% in the ownership column. For members of a Limited Liability Company, list membership interest in ownership column. For partners, please note following the individual's name whether general or limited partner.				
Entity / Individual's Name (Last, First, MI)	Title	Entity's Business Address / Individual's Address of Record	Ownership % (if any)	Compensation Arrangement
			%	
			%	
			%	
			%	
			%	
			%	

**SECTION 5 – OWNER INFORMATION**

Please indicate your method of ownership

<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Director	<input type="checkbox"/> Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Funding Source <input type="checkbox"/> Landlord	<input type="checkbox"/> General Manager <input type="checkbox"/> LLC Member <input type="checkbox"/> Community Property Interest <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trustor <input type="checkbox"/> Trustee <input type="checkbox"/> Current Beneficiary (Do not complete if contingent)  Trust Name: _____
Last Name		First	Middle Initial
Other Names You Have Used or Been Known By (aliases, nicknames, street names, maiden name, other name changes; legal or otherwise)			
*Address of Record – Number/Street		*See page 4 for note Apt. / Unit Number	
City	County	State	Zip
Residence Address, if different from above			
Contact Numbers (include area code)			
Home:	Work:	Ext:	Other: <input type="checkbox"/> Cell <input type="checkbox"/> Fax
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number	**See page 4 for note

**SECTION 6 - RENEWAL APPLICATION**

Complete this section only if renewing your license.

**If renewing as a Gambling Establishment:**

1. Have there been any changes affecting ownership or controlling interest in this gambling establishment since last filing an application for a State Gambling License? ☐ Yes ☐ No

**If renewing as an Owner-Individual or Owner-Business:**

2. Have you been a party to any civil litigation, named in any administrative action affecting any license certification, or convicted of any crime since you last filed an application for a State Gambling License? ☐ Yes ☐ No

**If renewing as a Trust:**

3. Have there been any changes to the trust since last filing an application for a State Gambling License? ☐ Yes ☐ No

***If you marked "Yes," to any of the above questions, please attach a detailed statement describing the circumstances.***

**SECTION 7 - AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION**

Last Name	First	Middle Initial
Title		
Email address, if available	Phone (     )	

**SECTION 8 – DECLARATION/SIGNATURE**

\*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. This is where the Commission will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mailbox. However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence address will not be available to the public.

\*\*Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

***I declare under penalty of perjury, under the laws of the State of California that I have personally completed this form and know the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at***

\_\_\_\_\_ on \_\_\_\_\_  
City, State Date

Name and Title of Individual Completing this Application

Signature of Individual in Full (no initials)